

DERMA SCIENCES, INC.  
 Form 3  
 April 08, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Comvita Ltd		(Month/Day/Year)	DERMA SCIENCES, INC. [DSCI]	
(Last)	(First)	(Middle)	03/31/2010	
4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
WILSON ROAD			(Check all applicable)	
SOUTH,Â PRIVATE BAG 1			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner	
(Street)			<input type="checkbox"/> Officer <input type="checkbox"/> Other	
TE PUKE,Â Q2Â 3153			(give title below) (specify below)	
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	858,333	D <sup>(1)</sup>	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	--	--	---

Edgar Filing: DERMA SCIENCES, INC. - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Series H Warrants	04/18/2006	04/30/2011	Common Stock	52,084	\$ 8	D <u>(1)</u>	Â
Series N Warrants	02/23/2010	02/23/2015	Common Stock	100,000	\$ 6.25	D <u>(1)</u>	Â
Series Q Warrants	02/23/2010	02/23/2015	Common Stock	133,333	\$ 5.5	D <u>(1)</u>	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Comvita Ltd WILSON ROAD SOUTH PRIVATE BAG 1 TE PUKE, Q2 3153	Â	Â X	Â	Â

## Signatures

Comvita Limited, By: /s/ Brett Hewlett, Chief Executive Officer

04/05/2010

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The securities reported herein were originally issued to Comvita New Zealand Limited. Comvita New Zealand Limited is a wholly-owned subsidiary of Comvita Limited, the Reporting Person and parent corporation. The securities reported herein were subsequently distributed by Comvita New Zealand Limited to Comvita Limited without payment of cash consideration. The distribution from Comvita New Zealand Limited to Comvita Limited effected a change in the form of beneficial ownership exempt under Rule 16a-13.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.